

Docket No.
0109015/016

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

STABLE NEURAL STEM CELL LINES

the specification of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as United States Application No. or PCT International Application Number _____ and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

(Day/Month/Year Filed)

☐

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional

<u>60/101,354</u>	<u>September 22, 1998</u>
(Application Serial No.)	(Filing Date)
 <u> </u>	 <u> </u>
(Application Serial No.)	(Filing Date)
 <u> </u>	 <u> </u>
(Application Serial No.)	(Filing Date)

I hereby claim the benefit under 35 U. S. C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

<u>09/053,414</u>	<u>April 1, 1998</u>	<u>pending</u>
(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)
 <u>08/719,450</u>	 <u>September 25, 1996</u>	 <u>patented</u>
(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)
 <u> </u>	 <u> </u>	 <u> </u>
(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

Dante J. Picciano Reg. No. 33,543

Adam H. Masia Reg. No. 35,602

Send Correspondence to:

BELL, BOYD & LLOYD

P.O. Box 1135

Chicago, IL 60690-1135

Direct Telephone Calls to: *(name and telephone number)*

Dante J. Picciano (312) 372-1121

Full name of sole or first inventor Renji Yang	
Sole or first inventor's signature	Date
Residence 11700 Old Columbia Pike, Apt. 1101, Silver Spring, MD 20904	
Citizenship People's Republic of China	
Post Office Address 11700 Old Columbia Pike, Apt. 1101, Silver Spring, MD 20904	

Full name of second inventor, if any Karl K. Johe	
Second inventor's signature	Date
Residence 10841 Stanmore Drive, Potomac, MD 20854	
Citizenship U.S.A.	
Post Office Address 18041 Stanmore Drive, Potomac, MD 20854	

connected therewith. (list name and registration number)

Dante J. Picciano Reg. No. 33,543

Adam H. Masia Reg. No. 35,602

Send Correspondence to:

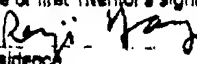
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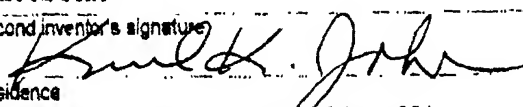
P.O. Box 1135

Chicago, IL 60690-1135

Direct Telephone Calls to: (name and telephone number)

Dante J. Picciano (312) 372-1121

Full name of sole or first inventor	
Renji Yang	
Sole or first inventor's signature	Date
	9/17/99
Residence	
11700 Old Columbia Pike, Apt. 1101, Silver Spring, MD 20904	
Citizenship	
People's Republic of China	
Post Office Address	
11700 Old Columbia Pike, Apt. 1101, Silver Spring, MD 20904	

Full name of second inventor, if any	
Karl K. Johe	
Second inventor's signature	Date
	9/17/99
Residence	
10841 Stanmore Drive, Potomac, MD 20854	
Citizenship	
U.S.A.	
Post Office Address	
10841 Stanmore Drive, Potomac, MD 20854	